**UNITED STATES POSTAL SERVICE®**

# DELIVERY UNIT SUMMARY

To request Domestic Mail Manual 507.7 Service, please complete this form **IN ITS' ENTIRETY**. Customers requesting 507.7.5, Computerized Delivery Sequence (CDS) qualification, must also submit a completed Processing Acknowledgement Form (PAF), with the appropriate attachments. Sign all required documents and submit them, along with your file and/or address cards to the appropriate address shown on page 2 of this form.

## CUSTOMER INFORMATION

## RESTRICTED INFORMATION WHEN COMPLETED

| 5-Digit ZIP Code Submitted | Submitting ☐ Cards ☐ Address File | File Name | No. of Boxes/Containers/ Files Submitted | Date Submitted |
|---|---|---|---|---|

**Address Groups**

☐ City Residential     ☐ City Business     ☐ City Residential/Business     ☐ Rural     ☐ PO Box     ☐ All

| Are you a current CDS Customer?   ☐ Yes   ☐ No | EAS Customer ID: |
|---|---|
| If yes, what is your CDS customer number: | EAS Control Number: |

Company Name

| Primary Contact | Secondary Contact |
|---|---|

Mailing Address

| City | State | ZIP+4® |
|---|---|---|

Billing Address *(If different from mailing address)*

| City | Stat | ZIP+4 |
|---|---|---|

| Primary Contact Phone Number ( ) | Primary Contact Fax Number ( ) | Primary Contact Email Address |
|---|---|---|
| Secondary Contact Phone Number ( ) | Secondary Contact Fax Number ( ) | Secondary Contact Email Address |

| If qualified, do you wish to receive CDS files? |
|---|
| ☐ Yes     ☐ No |
| If Yes, please complete the CDS Customer Application/ Renewal Form, (CDS001) and submit with your Delivery Unit Summary. This form can be found at: http://ribbs.usps.gov/files/CDS/ |
| PRIVACY NOTICE - See our privacy policy on usps.com |

**CDS Medium Selection** *(If qualified, select one)*

|  | ☐ 3480 Cartridge | ☐ CD-ROM | ☐ Email (3 meg) | ☐ HTTPS |
|---|---|---|---|---|
| Density | 38K BPI | — | — | — |
| Label Option | NL | NL | — | — |
| Character Set | EBCDIC | ASCII | — | — |

## LEVEL OF SERVICE REQUESTED  *(select one)*

Level 1   Sequence addresses (no fee), remove undeliverable addresses (fee assessed). **DMM 507.7.3.9**

Level 2   Sequence addresses (no fee), remove undeliverable addresses (fee assessed), plus identify location of missing addresses (no fee). **DMM 507.7.4**

Level 3   Sequence addresses (no fee), remove undeliverable addresses (fee assessed), plus add missing or new addresses (fee assessed). **DMM 507.7.5** *(Required for CDS qualification)*

Customer acknowledges, by his/her signature below, that the above named individuals are authorized to act on behalf of their company in matters regarding acquisition of sequencing information from the United States Postal Service. Customer has read and agrees to the terms and conditions to USPS Address Sequencing Service set forth in Section 507.7 of the Domestic Mail Manual and USPS EAS and CDS User Guides. Customer agrees to pay all fees assessed by USPS in accordance with the DMM and acknowledges that all requests for USPS Address Sequencing Service processing will be identified on a USPS password-secured website.

| Name of Authorized Company Representative *(please print)* | Signature of Authorized Company Representative | Date |
|---|---|---|

**NOTE:** Manual card customers **must** complete Columns A and B. Electronic file customers may list ZIP Code and the total count submitted for each address group selected for the ZIP Code in Columns A and B or attach a spreadsheet listing all ZIP Codes and counts included in the electronic file. Maximum addresses per electronic file is 500,000.

| A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|
| | | | **Noncharegeable Services** | | **Chargeable Services** | | | Total Current Possible Deliveries (All Services) |
| Carrier Route Number (All Services) | Count (All Services) | Changes (All Services) | Missing Addresses (All Services) | Rural Addresses Converted (All Services) | Nonexistent Addresses Removed (All Services) | New Addresses Added (4.0) | Total Returned (All Services) | |
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| **Totals:** | | | | | | | | |

| **Completed by USPS** | | **Internal USPS Use Only** | |
|---|---|---|---|
| Total from Columns F & G | | Scheme Used | |
| X | **$ .30** | Supervisor's Signature | Date Signed |
| **Invoice Amount Due  =** | | Date Cards/Files Received | Date Cards/Files Returned |

Mail **Electronic Address Files** to:
   CDS DEPARTMENT
   NATIONAL CUSTOMER SUPPORT CENTER
   UNITED STATES POSTAL SERVICE
   6060 PRIMACY PKWY STE 201
   MEMPHIS TN  38188-0001

Mail **Payments** for **Electronic Address Files** to:
   ACCOUNTS RECEIVABLE
   NATIONAL CUSTOMER SUPPORT CENTER
   UNITED STATES POSTAL SERVICE
   6060 PRIMACY PKWY STE 201
   MEMPHIS TN  38188-0001

Mail **Address Cards** to:
   MANAGER
   ADDRESS MANAGEMENT SYSTEMS
   UNITED STATES POSTAL SERVICE
   <<street address>>
   <<city, state, ZIP+4>>

Mail **Payments** for **Address Cards** to:
   MANAGER
   ADDRESS MANAGEMENT SYSTEMS
   UNITED STATES POSTAL SERVICE
   <<street address>>
   <<city, state, ZIP+4>>

Transmit **Electronic Files** to:
Web Address:  www.ribbs.usps.gov/files/eas/customers/easuser
Email: encsc@email.usps.gov  *(maximum email size: 3 meg)*